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defended and maintained by the women who succeeded her. In the face of persistent opposition, torn constantly between their responsibilities to the hospital on the one hand, and to their students on the other, with little freedom and practically no educational funds, the heads of our pioneer nursing schools somehow managed to satisfy the demands of the hospital and at the same time to push forward slowly toward better standards of nursing education.

At its best our system of training has far excelled the ordinary apprentice type of school, but it is doubtful if any exploitation of workers in the industrial field has been worse than that of some of the commercial hospitals and the poorer type of public institutions. Nursing organizations and public-minded citizens have done much to control the most flagrant of these evils by publicity and state legislation, but they could not remove the defects of the system itself which make such abuses inevitable. It is only their efforts and the devoted spirit of thousands of student nurses which have kept the apprenticeship system going so long in hospitals. The question is now, how much longer it can survive—how much longer we are going to help it to survive.

(To be concluded)

MENTAL HYGIENE FOR NURSES¹

BY A. WARREN STEARNS, M.D.

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THE subject of mental hygiene is one which is not as well developed as some other branches of public health work. There is nothing in mental hygiene, for instance, which corresponds to the tooth brush in dental hygiene, or to quarantine in the field of infectious diseases; but there has been an accumulation of knowledge in the past few years which, while it does not solve our problems, has helped materially and should be possessed by all who come in contact with mental patients. Aside from acquiring the most up-to-date knowledge in this field it is usually necessary before entering it to rid oneself of a certain amount of prejudice.

Mental disease is still associated in some minds with mysticism and witchcraft. Also, because mental disease is such a handicap, many of its victims are found in poorhouses and jails. It is thought

¹ Read at the convention of the New England Nurses' Association, Concord, N. H., May 11, 1921.

of as more of a disgrace than most handicaps. The lame or the blind may make their way in the world despite their disabilities, but those with mental trouble are doomed by their handicap to stupendous obstacles and must always need a guiding hand. This has led to a pessimistic attitude, and I frequently have heard relatives say, "I had rather see him dead than in a state hospital." How unfortunate it is, when we consider the wonderful effort which states and communities are making to care for mental patients in the most enlightened manner! Why this prejudice and this horror? Is it because there is something in mental disease which is peculiarly distressing? Or, is it because of blind prejudice? Both to some extent, but principally the latter.

There is no class of patients that should make a greater humanitarian appeal than this class. So you, as nurses entering this field, must shake off any prejudice you may have and look upon these persons not as queer, or dangerous, or repulsive personalities, but as sick people demanding and needing your attention. When one person can get this enlightened attitude she will be an outpost in her community around which others may gather to lift the cloud of gloom which has centered about this type of disease. I will discuss briefly the four important groups of mental disease and abnormality, as follows: (1) Insane, (2) Feeble-minded, (3) Psychoneurotic, (4) Personality disorders.

Insanity represents as a rule the grossest form of mental disorder and we usually associate it with hospital residence. It is hard to tell whether or not there is an actual increase in insanity, because statistics merely cover hospital admissions. During the war, for the first time in many years, the admission rate fell off, because many, whose handicap ordinarily kept them from employment, were able to find work. This has led to a hope that just as the last generation has seen a tremendous development of institutional care, the next may witness a development of community care. This should be of particular interest to nurses who will face quite a share of the task of aiding these patients and their families in community life.

The three known causes of insanitary are preventable, and alcohol, syphilis and heredity account for a considerable percentage. Insofar as medical practice is concerned these problems have been solved, but the application of this knowledge to daily life remains and offers a field in preventive medicine, different, to be sure, from the sterilization of milk bottles, but quite as important. The care of the aged, who are going to pieces mentally, is mixed with a great deal of false emotion and unnecessary difficulty. We tolerate certain conduct disorders in childhood without comment, or say,

"Boys will be boys," or use similar expressions, but the mental decay of old age frequently leads to disorders entirely unnecessary if the proper attitude could be maintained.

Other forms of mental disease are associated with exhaustion and often can be foreseen and prevented. The largest group, dementia praecox, presents a more sinister picture and the need in this group is for more study and more information. It offers a field for research unparalleled in medicine. Many theories are advanced, but one might almost say that a case of dementia praecox might as well consult Aristotle as the most enlightened physician today. However, this disease often occurs acutely and passes over, leaving a good deal of capacity. The proper regulation of the individual's life and the rewards for effort in community care are great.

The feeble-minded present a more simple problem. These are either children who are backward or adults whose brains have not developed. Studies in heredity have shown that a large group of the feeble-minded are so because their fathers and mothers were feeble-minded. This should be prevented. Medicine again has done its share. If you plant weeds you get weeds. In some ways society should benefit by this knowledge and the wholesale reproduction of imbeciles and idiots should cease. Accident, injury and infectious diseases cause a certain amount of feeble-mindedness and offer some chance of prevention.

The most recent advance in the care of the feeble-minded is exemplified by Dr. Walter E. Fernald's attitude. For years plans were made which hoped ultimately to segregate all of the feeble-minded. Later studies have shown, however, that this would be unnecessary and that the vast majority could be cared for in the community under intelligent supervision. This, you see, offers a most promising field for the nursing profession. Also it has been found that the defective child, trained in the special class, often makes a quiet and useful citizen; whereas, taken from school because of lack of facilities, turned onto the street, and neglected, he is apt to become a parasite and menace to society.

There is no more widespread cause of illness than the functional nervous diseases,—hysteria, neurasthenia and psychoasthenia. These individuals are not insane or feeble-minded. In so far as their capabilities are concerned, they are often quite talented. They are misunderstood by friends and relatives and lead unhappy, useless lives through maladaptation. At one end of the scale we will find people who are so healthy that they will stand any strain, while there are others who are so poorly equipped that they are unable to stand even the most protected life, and so become invalids. These

disorders are found both among the rich and the poor, for both classes have their maladjustments. However, environment seems to be a fertile cause and the relief of human suffering is closely associated with the prevention of psycho-neurosis. These individuals need assistance and, given a lift at the proper time, they may be useful and helpful citizens. There are some factors in our changing civilization which seem to be increasing this sort of disability. Life is more complex. Quantitative considerations are replacing qualitative ones, and the instances which cause nervous breakdowns seem on the increase. This calls for intelligent propaganda.

Lastly, just as some individuals are taller or shorter than others, so all differ in their personal traits. Some individuals are so totally different from others by nature that it constitutes a handicap. The emotionally unstable are so easily upset that they are unable to withstand the vicissitudes of an ordinary life. The paranoid are so disagreeable, suspicious and quarrelsome that they live isolated lives in our midst, while the inadequate, though otherwise well equipped, lack initiative, aggressiveness, and perseverance to such an extent that they frequently fail.

I can hardly do more in closing than to commend this branch of medicine to your attention and to assure you that it has rewards both in a material sense and in the uplift of humanity, which is the common purpose of doctors and nurses.

THE PRIVATE DUTY NURSE¹

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ASERIOUS contemplation of the subject of private duty nursing reveals a much broader field for study than a casual survey of the topic would at first indicate. There are so many phases to be considered as to what produces and what constitutes the ideal private duty nurse, that it is impossible to touch upon the many aspects, except in a general manner.

Educating the nurse for private duty is a topic which can give rise to much discussion. No one appreciates the importance of special training with private patients more than does the graduate starting

¹ Read at the Annual Convention of the Missouri State Nurses' Association October 10, 1921.